



COMMISSIONER OF INSURANCE, JOHN W. OXENDINE  
STATE OF GEORGIA

SIDE ONE  
Version 3.0

REQUEST FOR NAME/ADDRESS CHANGE  
FOR PRODUCER AND AGENCY

1. GENERAL INSTRUCTIONS

All questions should be directed to Promissor at 1-888-204-6204 between the hours of 8AM and 6PM EST Monday through Friday.

- A. The Name/Address change form is used by Georgia licensees and agencies who wish to change their name, address(s) and phone/fax number(s).
- B. Any name change will affect all licenses you hold and a fee of \$25.00 is required for each license.
- C. The fee for a business and/or resident address change is \$25.00. Make checks or money orders payable to Promissor.
- D. Agencies changing their address must submit a \$25.00 fee. Non-resident agencies changing their name must submit a letter from the Secretary of State or a Status Letter reflecting their new name.
- E. NOTE: Georgia Law, section 33-23-25, requires you to notify the Georgia Insurance Department within 30 days of your address change. Georgia Law also requires that your current business address appear on your license.
- F. This request may be completed online at [www.sircon.com](http://www.sircon.com) under For Producers/Agents, Producer Workbench.

2. LICENSEE INSTRUCTION

Print your complete name as it currently appears on your Georgia Insurance license in the space provided. If you are changing your name, there is a \$25.00 fee.

AGENCY NAME \_\_\_\_\_

AGENCY NEW LEGAL NAME \_\_\_\_\_

AGENCY LICENSE NUMBER \_\_\_\_\_ AGENCY EIN \_\_\_\_\_

LICENSEE'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ SUFFIX (JR. SR.) \_\_\_\_\_

LICENSEE'S NEW LEGAL LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_ SUFFIX (JR. SR.) \_\_\_\_\_

LICENSEE'S LICENSE NUMBER \_\_\_\_\_ NPN \_\_\_\_\_

RESIDENCY TYPE (Select One): ☐ RESIDENT ☐ NON-RESIDENT

3. ADDRESS INFORMATION

**RESIDENT ADDRESS CHANGE:** Print your complete address in the space provided. If providing a P. O. Box it is still required to have at least one physical address on file. If you are a non-resident of Georgia and you are moving to another non-resident state, you must include an updated **status letter** from your new resident state, along with this form. Any name, address, or phone number change you make here will affect all licenses you hold.

STREET ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

P.O. BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTY CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_ INTERNATIONAL POSTAL CODE AREA CODE \_\_\_\_\_

OFFICE  
ONLY

RESIDENTIAL PHONE NUMBER \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- RESIDENTIAL FAX NUMBER \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

EMAIL ADDRESS \_\_\_\_\_

**BUSINESS ADDRESS CHANGE:** Print your complete address in the space provided.

STREET ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

P.O. BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTY CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_ INTERNATIONAL POSTAL CODE AREA CODE \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- EXT \_\_\_\_\_ BUSINESS FAX NUMBER \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

EMAIL ADDRESS \_\_\_\_\_

**MAILING ADDRESS:** This will be the address to which all future licensing documents will be mailed. \_\_\_\_\_

STREET ADDRESS OR P.O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

#### 4. LICENSE PRINT REQUEST

Place an "X" in the box next to each license type for which you wish to receive a duplicate license. Multiply the number of licenses requested by the fee of \$25.00 per license type. Put the total in the "total amount enclosed" line. NOTE: Variable Products are incorporated into the Agent license type. If you are an Agent with VP, and you are requesting a duplicate license, you need only request an "Agent" duplicate license.

DUPLICATE LICENSE	TYPES	TOTAL	DUPLICATE LICENSE	TYPES	TOTAL
Agency	_____ x \$25.00 = \$_____		Adjuster	_____ x \$25.00 = \$_____	
Agent	_____ x \$25.00 = \$_____		Crop Hail Adjuster	_____ x \$25.00 = \$_____	
Counselor	_____ x \$25.00 = \$_____		Public Adjuster	_____ x \$25.00 = \$_____	
Fraternal Agent	_____ x \$25.00 = \$_____		Workers Compensation Adjuster	_____ x \$25.00 = \$_____	
Limited Subagent	_____ x \$25.00 = \$_____		<b>Total Amount enclosed</b>	\$_____	
Surplus Lines Broker	_____ x \$25.00 = \$_____				

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ONLY

Return this request, along with check or money order made payable to: Promissor, P.O. Box 2357, Smyrna, GA 30081-2357. You may also complete this request at [www.sircon.com](http://www.sircon.com) under For Producers/Agents, Producer Workbench.